

Colorado Section 1115 Alternatives in Medicaid Home Care Demonstration

FACT SHEET

Name of Section 1115 Demonstration:	Colorado Alternatives in Medicaid Home Care
Date Proposal Submitted:	May 2, 2000
Date Proposal Approved:	October 15, 1997
Proposed Implementation:	November 1, 2001

SUMMARY

On May 2, 2000, the State of Colorado submitted an amendment to its demonstration that was approved on October 15, 1997, entitled "Alternatives in Medicaid Home Health Care." The amendment was submitted to change the eligibility criteria that required participants to have used, on average of 130 home health aide visits and 61 skilled nursing visits in the year prior to their enrollment in the demonstration. The State proposed new eligibility criteria that would establish a threshold of 230 or more home health aide visits and 50 or more skilled nursing visits in the prior year. The proposed changes require adjustment to the State's budget neutrality agreement. In addition, the State has requested the demonstration approval period be changed. We have agreed that the effective date of the demonstration will be the date of enrollment of the first enrollee in the program.

ELIGIBILITY

Colorado will allow up to 200 disabled or elderly individuals to enroll in this demonstration. Individuals who have received Medicaid home health services for 12 months, with a minimum of 230 home health aide visits and at least 50 or more skilled nursing visits, will be able to enroll in this demonstration. Enrollment in this program will be voluntary.

BENEFIT PACKAGE

Individuals enrolled in the program will be able to use greater flexibility in deciding where they will receive their Medicaid home health aide and skilled nursing visits. The alternative settings for the provision of care will promote increased independent living. The program permits modification in the role of skilled nurses in the delivery of services by decreasing the number of required skilled nursing visits and in permitting nurses aides to provide certain delegated services. The benefit package will also include payment of monitoring visits by the professional nurse.

ENROLLMENT/DISENROLLMENT PROCESS

Medicaid clients receiving services from the participating home health agencies will be provided with advance written information about the HHAPP and will be invited to participate in the project. After a potential client completes the initial assessment form, the participating agency will contact the Office of Program Development and provide them with the client's Medicaid ID# to research prior year's utilization and ensure the client meets the necessary threshold for program participation. Clients will be permitted to disenroll at any time and continue to receive the regular home health benefits available to them. Agencies may discontinue services for a client with sufficient notice and cause by utilizing the Home Health Notice Form. Participation for the agency, clients, delegating nurse, and home health aide to whom nursing responsibilities are delegated are all voluntary.

DELIVERY SYSTEM

Services for the demonstration would be provided under a fee-for-service delivery model. All services will require prior authorization and will be ordered and prescribed by the physician. Participants will be permitted to choose among participating providers (agencies).

QUALITY ASSURANCE

Provider agencies must provide the following Quality Assurance components according to the rules governing the Home Health Aide Pilot Project.

- Occurrence reports for participating clients must be reported in written form to the Department of Health Care Policy and Financing (the Department) every six months.
- Agency worker satisfaction surveys shall be conducted every six months and reported to the Department.
- The provider agencies will survey each client for satisfaction and compile results quarterly.
- Provider agencies must have an advisory committee with consumer representation, which meets at least twice a year.
- Agencies shall have an informed consent process, which shall be signed by each client prior to receiving services.

In addition, all services in the Home Health Aide Pilot Project will be prior authorized by the Department. During this process, the nursing care plan will be reviewed in addition to the PAR form and assurances will be made that all proper procedures were followed to enroll and serve clients.

COST-SHARING

Individuals participating in this demonstration will not be responsible for any cost-sharing. These services are provided to individuals who are qualified to receive Medicaid home health services according to a treatment plan and as authorized by the physician.

MODIFICATION

N/A

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